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Michael J. Constantino

University of Massachusetts - Amherst, mconstantino@psych.umass.edu

Christopher E. Overtree

University of Massachusetts - Amherst, overtree@psych.umass.edu

Zohar Geva

University of Massachusetts - Amherst

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The Influence of Patients' Expectations on Alliance Quality and Treatment Engagement in Treatment-As-Usual in a Training Clinic: Preliminary Findings

**Michael J. Constantino, Christopher E.
Overtree, & Zohar Geva (University of
Massachusetts)**

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Outline

1. Review Borkovec's vision for science-practice integration via *effectiveness* research in training clinics
2. Describe recent efforts at establishing a research infrastructure at UMass training clinic
3. Present preliminary findings from a process-outcome study based on UMass training clinic data
 - Focal Construct = Patient Expectations

Science-Practice Integration

- Core feature of profession
- Realization has been elusive
- Call for increased conduct of rigorous scientific research on relevant clinical questions in both controlled & real-world settings
- Training clinics are largely untapped resource, yet favorably situated

Training Clinic Research: The “Dream”

- From day 1, graduate students observe & experience authentic science-practice integration
 - Therapist Characteristic Form
 - Comprehensive training on clinic protocols
 - Diagnostic Assessment course
- Patients undergo comprehensive initial evaluation
 - Semi-structured diagnostic interviewing & reliability checks
 - Assessment training & hours
 - Other targeted baseline measures

Training Clinic Research: The “Dream”

- Patients complete core battery at baseline, various points during treatment, & termination
- Core battery should:
 - Assess core domains of symptoms, role-functioning, general well-being
 - Be brief & efficient
 - Be based on psychometric research
- All sessions videotaped

Training Clinic Research: Goals

1. Use outcome assessments for case evaluation/feedback, supervision, & program evaluation
2. Conduct single case studies
3. Build database to allow students & faculty opportunity to conduct specific *effectiveness* studies
4. Develop Practice-Research Networks

Training Clinic Research: Examples

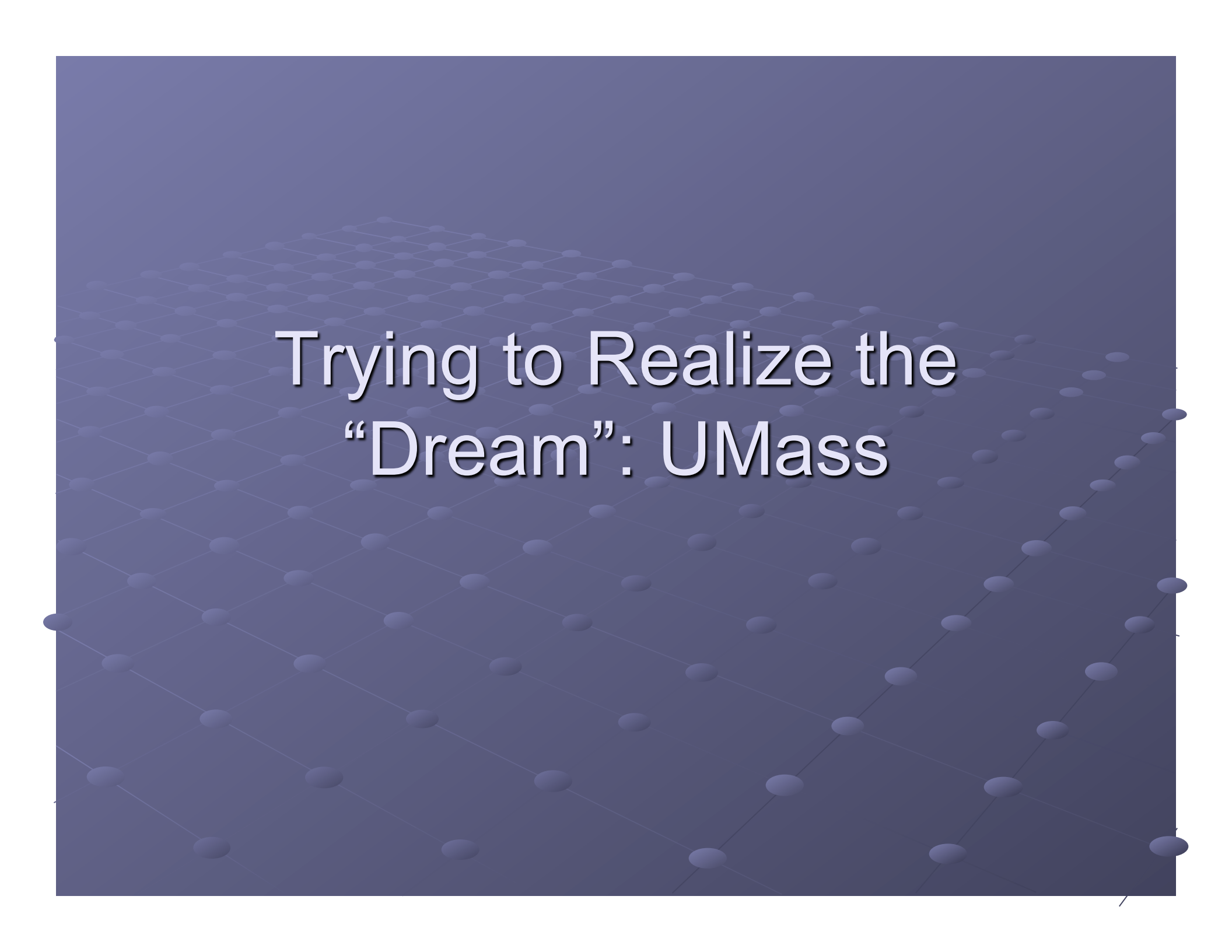
- Addition of pre-post measures (large O's) & session measures (small o's) to evaluate other outcomes & mediators
- Use video for objective process coding
- Basic diagnostic research
- Process-outcome correlational studies
- Experimental designs

Training Clinic Research: Outcomes

- Career-long involvement in seamless & meaningful science-practice integration
- An enormous & growing clinical database
- Large-scale collaborations among researchers & practitioners
- *Scientist-Practitioner* would become synonymous with *Clinical Scientist*

Living the “Dream”: Penn State

- Successful model established at Tom Borkovec’s home institution
- Core battery based on the Treatment Outcome Package (TOP) developed by *Behavioral Health Laboratories, Inc. (BHL)*
- Studies that reflect the “dream” beginning to emerge from Penn State group



Trying to Realize the “Dream”: UMass

Participants

- First iteration = adult outpatients (age 18 & over)
- Core battery explained as customary clinic practice & important for care

Measures

Baseline

- TOP-Consumer Registration
- TOP-Clinical Scales
- TOP-Case Mix
- Patient Expectancy Scale (PES)
- DSM Multiaxial Diagnosis Form (SCID-I, IPDE)

Sessions 1, 7, 15, every 30

- TOP-Clinical Scales & Case Mix
- Credibility-Expectancy Scale (CEQ; Devilly & Borkovec, 2000)
- Working Alliance Inventory (WAI; Horvath & Greenberg, 1989)
- Global Assessment of Functioning

Termination

- TOP-Clinical Scales & Case Mix
- TOP-Satisfaction With Treatment Process

Procedure

- Phone Screen
- Initial Evaluation
 - Baseline measures
 - Diagnostic assessment
 - Reliability assessment
- Clinician Assignment
 - Session measures
 - TOP-CS as feedback tool
 - Posttreatment assessment

Administration

- TOP data processed by BHL (currently paper & pencil)
- HIPAA compliant
- Core battery can be expanded & national TOP database can be accessed
- Oversight provided by Steering Committee
- IRB proposal to University Board as usual

Sample Process-Outcome Study

- *Preliminary study!*
- Growing pains, but significant learning through process
- Focus on patient expectations as a predictor of alliance quality, distress, & treatment engagement (i.e., continuation)

Background

- Expectations a well-established predictor of adaptive treatment processes & outcomes (e.g., Greenberg et al., 2006)
- Much of this work conducted within context of controlled clinical trials (questionable external validity)
- Present goal to replicate findings in naturalistic context

Research Questions

How much variance in adaptive processes (alliance) & outcomes (continuation, distress) is explained by:

- Patients' baseline outcome expectations & immediate change in outcome expectations?
- Patients' baseline outcome expectations & change in outcome expectations over early part of treatment?
- Patients' early ratings of treatment credibility & change in such ratings across early part of treatment?

Patients

- 24 adult patients at UMass Psychological Services Center
- Mean age = 30.78 years ($SD = 12.37$)
- Majority of sample:
 - Had primary mood or anxiety disorder (67%)
 - Was Caucasian (71%)
 - Was employed or full-time student (71%)
 - Had less than \$30,000 annual income (67%)

Therapists

- 15 clinicians (13 graduate trainees)
- Mean age = 31.33 years ($SD = 7.80$)
- Means training = 3.77 years ($SD = 5.80$)
- Total # adult patients = 14.21 ($SD = 28.34$)
- Mean orientation influence (1-5 scale):
 - Analytic = 1.93 ($SD = 1.33$)
 - Behavioral = 2.85 ($SD = 1.46$)
 - Cognitive = 3.40 ($SD = 1.40$)
 - Humanistic = 2.93 ($SD = 1.44$)
 - Systems = 1.62 ($SD = 1.81$)
 - Integrative = 3.33 ($SD = 1.50$)

Measures

- Distress: mean of TOP-CS scales (z-scores)
- Outcome expectations: 1 like item from PES & CEQ
- Alliance: WAI
- Engagement: continuation beyond session 4 & 7

Data Analysis: Question 1

- Logistic & hierarchical regression

- DVs:

- Continuation beyond session 4
- Alliance at session 7
- Distress at session 7

- IVs:

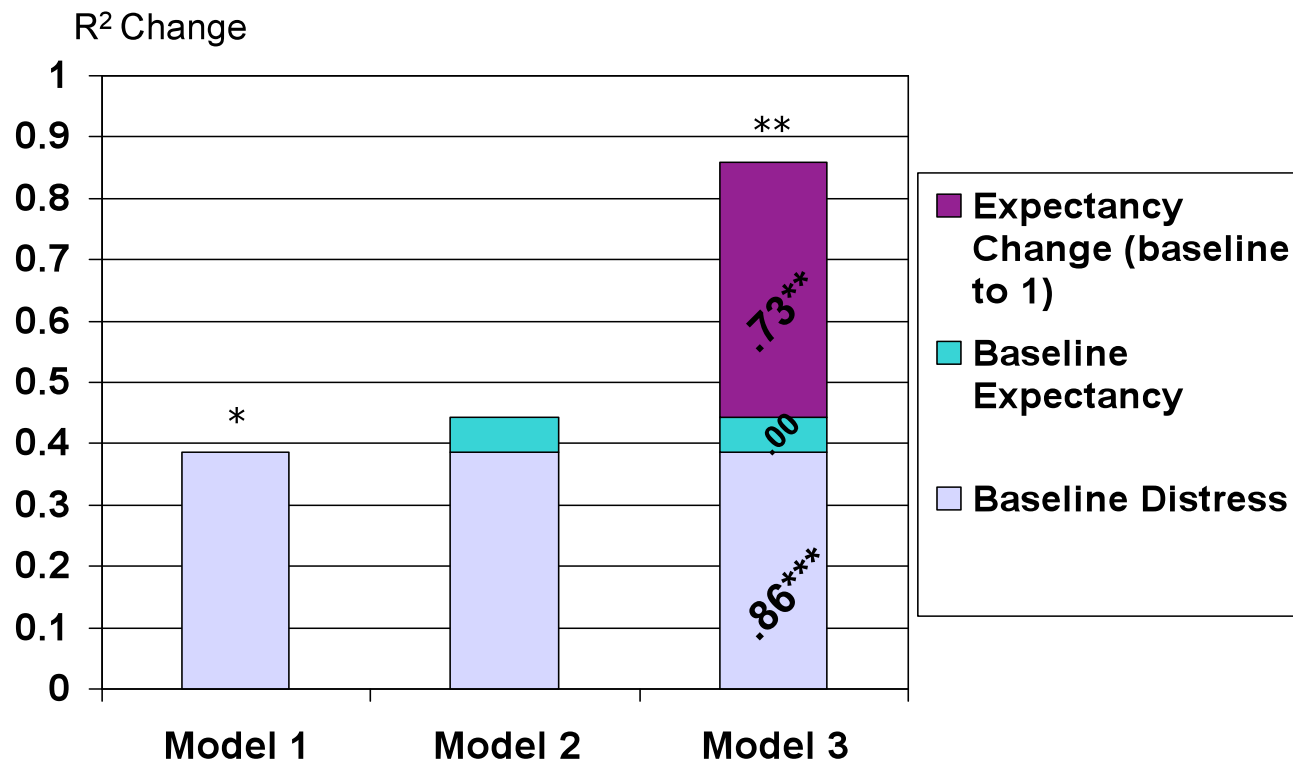
- Baseline outcome expectations
- Outcome expectancy change from baseline to session 1

- Covariate:

- Baseline distress

Results: Question 1 (Distress)

Predicting Session 7 Distress from Baseline Distress, Expectancy, & Expectancy Change (n=12)



Data Analysis: Question 2

- Logistic & hierarchical regression

- DVs:

- Continuation beyond session 7
- Alliance at session 7
- Distress at session 7

- IVs:

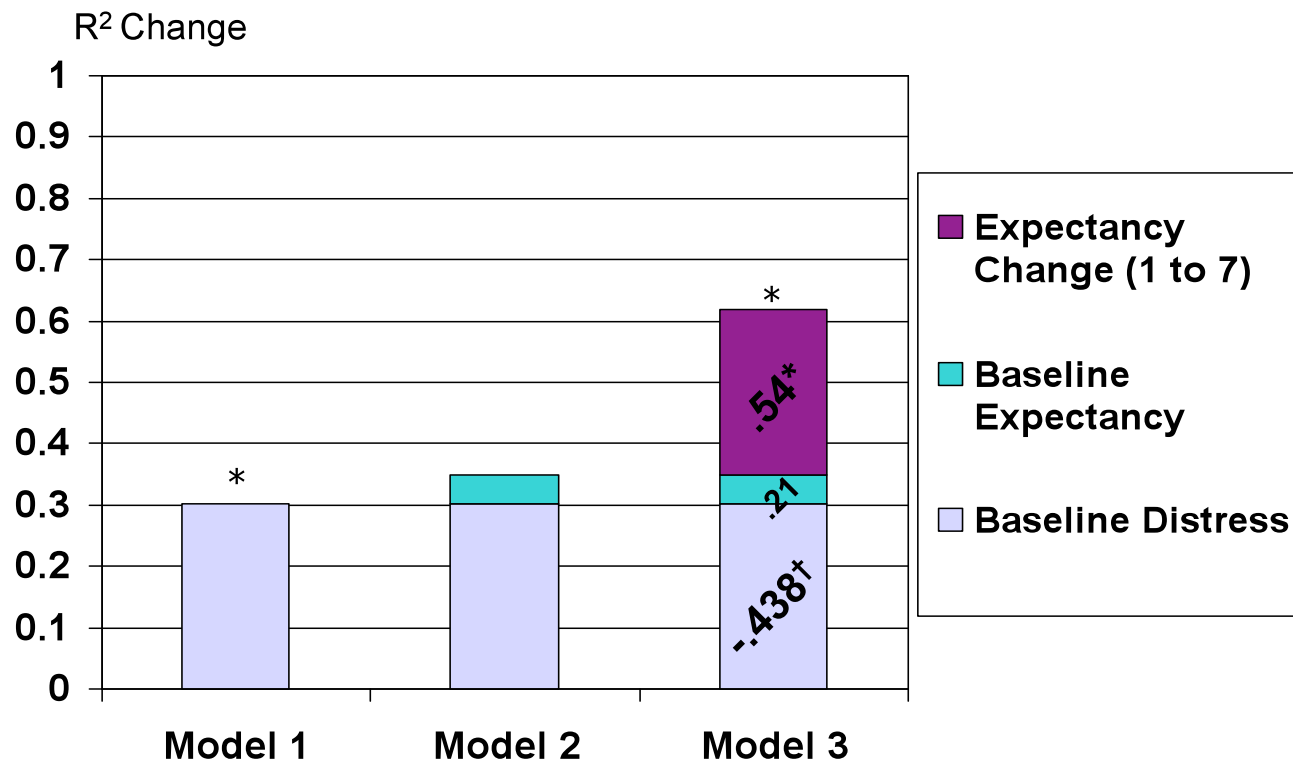
- Baseline outcome expectations
- Outcome expectancy change from session 1 to 7

- Covariate:

- Baseline distress

Results: Question 2 (Alliance)

Predicting Session 7 Alliance from Baseline Distress, Expectancy, & Expectancy Change (n=14)



Data Analysis: Question 3

- Logistic & hierarchical regression

- DVs:

- Continuation beyond session 7
- Alliance at session 7
- Distress at session 7

- IVs:

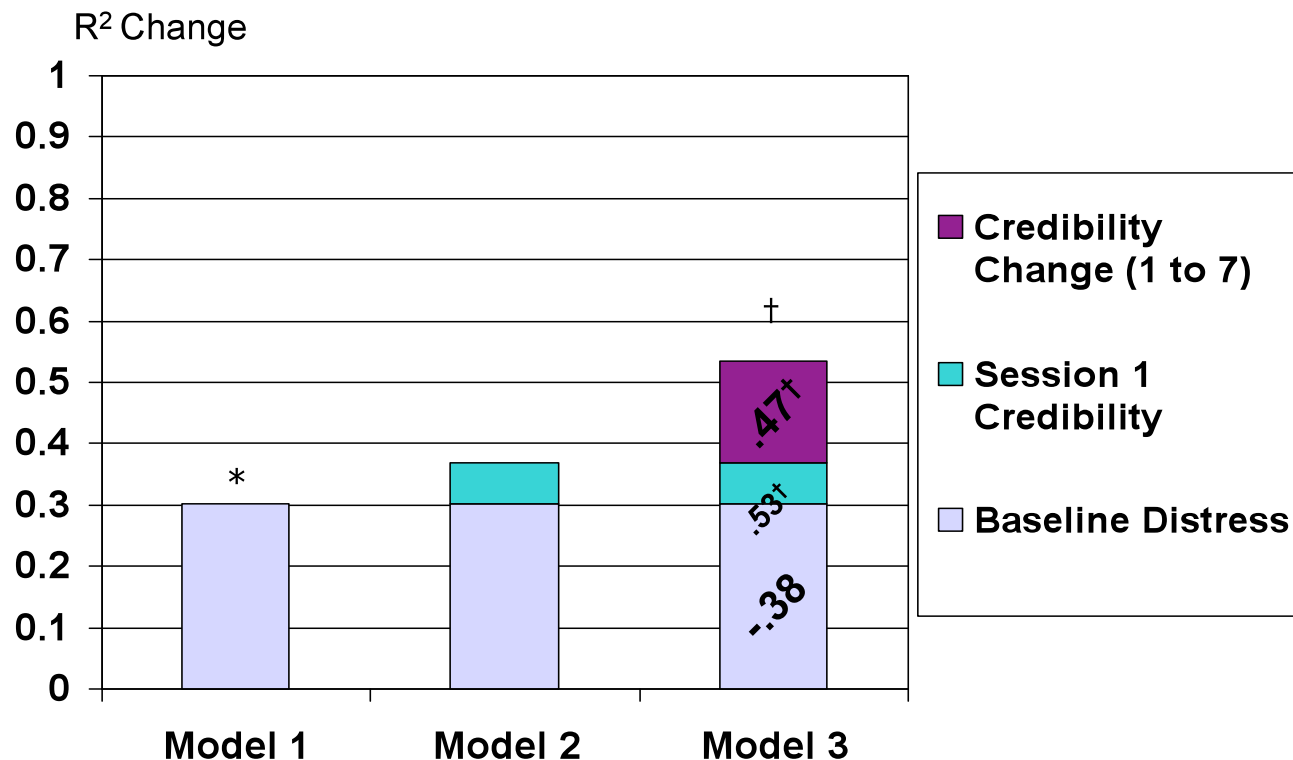
- Session 1 treatment credibility rating
- Credibility change from session 1 to 7

- Covariate:

- Baseline distress

Results: Question 3 (Alliance)

Predicting Session 7 Alliance from Baseline Distress, Credibility, & Credibility Change (n=14)



Discussion

- Support that perceptions of treatment credibility may facilitate engagement in collaborative working alliance
 - Frank's (1973) notion of rituals & rationale
- Too early increase in outcome expectations may outweigh early change process
 - Importance of realistic change expectations
- Expectancy & credibility change over time may be beneficial for alliance
 - Longer remoralization period than initial session

Limitations

- Small n & limited statistical power
- Internal validity problems associated with naturalistic sample/setting
- Pathways of influence & outcome unclear
- Crude change variables
- Unclear reasons for discontinuation
 - Yet, some support for clinical importance of expectancy & credibility constructs

Conclusion

- “It may be an impossible dream & an incredible amount of work remains, but the notion of national PRNs at all levels of the profession that integrate science & practice in a meaningful way is so potentially valuable for the profession and the society that it would be worth the effort. The dream for some of us is that such a true integration will eventually be at the core of any clinical psychologist’s professional identity & daily behavior & that this will be partly accomplished by graduate training programs wherein students are immersed & trained in this context immediately, finding the same system in place as they move on to internship & to employment in mental health settings or academia.” (Borkovec, 2002).

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Thank You!

mconstantino@psych.umass.edu